



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (\*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Actos*	Diastat Acudial*	Pazeo
Adderall XR*	Dulera	Pradaxa
Adhansia XR	Elidel	Premarin (tabs only)
Advair Diskus*	Eliquis	Prempro
Advair HFA	Enbrel <sup>CC</sup>	ProAir HFA*
Aimovig <sup>CC</sup>	Entresto	Pulmicort Flexhaler
Anoro Ellipta	Epclusa <sup>CC*</sup>	Qvar Redihaler
Aricept*	Eucrisa <sup>CC</sup>	Rebif
Asmanex HFA	Farxiga	Relenza†
Asmanex Twisthaler	Flovent Diskus	Ritalin*
Atrovent HFA	Flovent HFA	Serevent Diskus
Aubagio	Focalin XR*	Spiriva
Bepreve	Gilenya	Stiolto Respimat
Besivance	Harvoni <sup>CC*</sup>	Striverdi Respimat
Betaseron	Hemangeol <sup>CC</sup>	Sublocade <sup>CC</sup>
Bethkis	Humira <sup>CC</sup>	Suboxone <sup>CC*</sup>
Bevespi	Humalog Mix	Symbicort*
Blephamide	Incruse Ellipta	Tamiflu†*
Brilinta	Invokamet	Toviaz
Byetta	Invokana	Tradjenta
Bystolic	Janumet	Trulicity
Catapres-TTS*	Janumet XR	Tudorza
Capex Shampoo	Januvia	Tysabri
Cimzia <sup>CC</sup>	Jardiance	Victoza
Cipro HC	Jentadueto	Vyvanse (capsules and chewable tablets)
Ciprodex*	Kitabis*	Xarelto
Ciranatal 90 DHA	Kombiglyze XR	Xifaxan
Ciranatal Asssure	Lantus	Xofluza†
Ciranatal B-Calm	Levemir	Xopenex HFA*
Ciranatal Bloom	Mavyret <sup>CC</sup>	Zepatier <sup>CC</sup>
Ciranatal DHA	Nitro-Bid	Zetonna
Ciranatal Harmony	Nitrostat	Zomacton <sup>CC</sup>
Colcrys*	Novolog	Zovirax (cream only)
Combivent	Novolog Mix 70-30	Zubsolv <sup>CC</sup>
Concerta*	Omnaris	Zylet
Copaxone*	Omnitrope <sup>CC</sup>	
Coumadin*	Onglyza	
Diastat*	Oxytrol	

<sup>†</sup>The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 1/1/2021  
<sup>CC</sup> Denotes agent is preferred with clinical criteria in place.